

# Wholesale Credit Application Form



PO BOX 410  
ALDERLEY QLD 4051  
PHONE 1300 798 432  
FAX 07 3352 5076

The applicant applies for a credit account and Wholesale Status with Hemp Health Products Australia ABN 96 118 702 435. This Credit application is to be completed by applicant.

Date of application \_\_\_\_\_

Trading name \_\_\_\_\_

Company name \_\_\_\_\_

ACN (if company) \_\_\_\_\_

ABN \_\_\_\_\_

Registered Address \_\_\_\_\_  
\_\_\_\_\_

Trading Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_

Bank, BSB & Account Number \_\_\_\_\_

Director / Principal 1 – Name \_\_\_\_\_

Drivers Licence number \_\_\_\_\_

Director / Principal 2 – Name \_\_\_\_\_

Drivers licence number \_\_\_\_\_

## Trade Reference Number One

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

## Trade Reference Number Two

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Number of Years business has been trading \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

# Credit / Wholesale Pricing Application Form



PO BOX 410  
ALDERLEY QLD 4051  
PHONE 1300 798 432  
FAX 07 3352 5076

1. The applicant warrants that this information comprised on this application is accurate, correct and complete and is supplied for the purpose of obtaining credit.
2. The person signing this application warrant that he/she is duly authorised by the applicant to apply for credit and execute this application on its behalf.
3. The parties agree that if, prior to formally approving credit, HEMP HEALTH PRODUCTS AUSTRALIA PTY LTD (HHPA) grants to the Applicant time to pay for any goods or services, it does so on these terms and conditions.

**In the event of HEMP HEALTH PRODUCTS AUSTRALIA granting credit facilities to the applicant, then:-**

- A. All accounts are to be settled in full within the agreed trading terms noted on HHPA invoices. Credit facilities may only continue if payment is maintained in accordance with the agreed terms.
- B. Should the applicant default in making payment in accordance with the agreed terms, then all monies due to HHPA shall immediately become due and payable.
- C. Any expense and/or costs or disbursements incurred by HHPA in recovering any outstanding monies including debt collection agency and legal costs shall be paid by the applicant.
4. Trust – Where the applicant is a trustee, the applicant shall be liable on the account and in addition the assets of the trust shall be available to meet payment of any monies due and owing to HHPA.
5. Change of particulars – The applicant will notify HHPA as soon as possible of any change of ownership, or any alteration or addition to shareholders or directors.
6. Privacy Act – The applicant and in the case of a corporate applicant, its directors, hereby authorises and unconditionally grants its consent to HHPA obtaining from a credit reporting agency or other person or company, information and or reports concerning it from time to time during the continuance of its credit account so as to assist HHPA in deciding whether or not to grant credit or to continue to grant credit to it for collecting overdue payments in respect of commercial credit applied for or provided to it. The applicant further authorises and consents to HHPA obtaining and disclosing information about its credit worthiness to and from credit reporting agencies and credit providers (including identity particulars and details of overdue payments), who have or are or intend to enter into some commercial or business dealings with it and or grant credit to it. For the purposes of this paragraph, “report” and “information” include any credit report originating from a credit reporting agency or any other record or information that has any bearing on the applicant’s creditworthiness, credit standing, credit history, credit capacity and personal information.
7. Retention of Title – The title of goods will not transfer to the applicant until all sums due for those goods are paid to HHPA in full.
8. Law – The parties agree that these terms and conditions of credit shall be governed and construed in accordance with the laws of the state of New South Wales, Australia and the parties agree to submit to the jurisdiction of the courts of that state.
9. Acknowledgement – The applicant and signatories appearing below hereby acknowledge receipt of a copy of this application and the HHPA terms and conditions, and agree to be bound by the same.
10. HHPA reserves the right to review Wholesale status based on a regular analysis of recent sales figures.

\_\_\_\_\_  
Signed for and on behalf Name  
of applicant

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**DIRECTORS GUARANTEES**

In consideration of HHPA having agreed to our request to supply goods and services on the terms and conditions expressed on this form and to give credit to the applicant specified below (‘the applicant’), we the undersigned director/s hereby guarantee the payment of all sums of money, and damages where the applicant may now or hereafter be liable to pay HHPA. We further agree that upon default by the applicant to pay such money, and damages to HHPA when due, that we will pay the same to HHPA upon demand. We further agree to indemnify HHPA against all losses and costs suffered as a result of each and every default by the applicant and/or default by us under this guarantee. This guarantee is continuing, irrevocable and joint and several and is a principal obligation. Our liability hereunder is absolute and shall not be affected by any matter or indulgence granted that the applicant by HHPA and which but for this provision might have operated as a release in whole or part. We confirm our acceptance of and agreement to Clause 6 of HHPA terms and conditions of credit set out in this application (Privacy Act Authorisation).

**SIGNED SEALED AND DELIVERED BY:**

\_\_\_\_\_  
Signature & name

As guarantor  
in the presence of

\_\_\_\_\_  
Witness Signature, Name and Date

\_\_\_\_\_  
Signature & name

As guarantor  
in the presence of

\_\_\_\_\_  
Witness Signature, Name and Date

Please copy this page if more than 2 directors / partners operate the business which is completing the application.